Study demonstrates link between cancer survival and wealth

Pat Anderson, *London*

Cancer survival is clearly linked to socioeconomic status, according to the latest figures for England and Wales which were published last week.

The report, produced by the Office for National Statistics, the Cancer Research Campaign, and the London School of Hygiene and Tropical Medicine, suggested that over 12 700 deaths from cancer could be avoided every year if all patients shared the survival rates of the most affluent patients. The report also revealed that overall cancer survival rates in England and Wales lag behind those of other European countries and the United States.

The study followed nearly three million adults and 18 000 children who were diagnosed with cancer between 1971 and 1990. Large differences in survival rates for adults were identified, although there were no significant deprivation gaps for children's cancers. For patients who were diagnosed between 1986 and 1990, the most affluent patients included in the study were between 5% and 16% more likely to be alive after five years than the most deprived patients across 14 different types of adult cancers including breast cancer, bowel cancer, and malignant melanoma. If all patients diagnosed with cancer during this period had had the same chance of survival as those in the most affluent group, then 12 745 deaths could have been avoided, including 2806 from breast cancer, 2352 from bowel cancer, and 1325 from lung cancer.

One of the report's authors, Michel Coleman, professor of epidemiology and vital statistics, London School of Hygiene and Tropical Medicine, commented: "This shows that cancer survival is not even a lottery because a lottery is fair. A lottery ticket buys you the same chance of winning as everybody else but this is not true for cancer survival. Your chances depend on the area in which you live, and if the survival rates of all patients were as good as those achieved in affluent areas we would avoid many deaths."

Professor Coleman suggested that one way to improve cancer care was to fund more cancer specialists: "There is a lack of cancer specialists in this country, and if we are to make a long term impact on cancer survival, we should commit more resources to funding more cancer specialists to treat more cancer patients."

JEZ COULSON/INSIGHT

Thousands of cancer deaths could be avoided if all patients shared survival rates of the most affluent

This lack of specialists was identified as one of the factors behind the poor record of survival in England and Wales. British doctors also tended to use a much greater variety of treatments than doctors in other countries, were less likely to adhere to clinical protocols, and tended to delay implementing guidelines where they existed. Professor Coleman called for more open debate on inequalities in health care: "There needs to be a recognition that survival is not as high in all groups of society as it could be. Then a more constructive debate could take place on cancer survival to ensure more equitable access to treatment." □

Cancer Survival Trends in England and Wales, 1971-1995: Deprivation and NHS Region, The Stationery Office Publications Centre, PO Box 276, London SW8 5DT (tel: 0171 873 9090), price £130.

US cancer rate declines

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The overall incidence of new cancers and cancer deaths in the United States decreased between 1990 and 1996, but increases in adolescent smoking threaten to reverse this downward trend, according to a new report (*Journal of the National Cancer Institute* 1999;91:660-1, 675-90).

The report, *Annual Report to the Nation on the Status of Cancer, 1973-1996, with a Special Section on Lung Cancer and Tobacco Smoking*, confirmed the decline in cancer incidence and mortality first noted last year. Overall cancer incidence dropped by an average of 0.9% per year between 1990 and 1996, and cancer mortality decreased by 0.6% per year.

Incidence data used in the study were culled from 11 population based cancer registries. They showed that men between the ages of 25 and 44 and over 75 years old had the greatest decrease in the number of new cancers diagnosed, with statistically significant declines in leukaemias and cancers of the lung, colon and rectum, urinary bladder, oral cavity, and pharynx. Rates of prostate cancer also declined.

Women had statistically significant decreases in new cases of colorectal cancers; rates of leukaemias, oral cavity, and pharyngeal cancers also declined. The incidence of breast and uterine cancers remained stable from 1990-6. However, deaths from breast cancers declined by an average of 1.7% a year from 1989-96. The only cancers in which the incidence increased between 1990 and 1996 were melanomas, which increased by 2.7% per year, and non-Hodgkin's lymphomas, which increased by 0.6% per year.

But the upward trend in teenage smoking threatens to reverse gains made in cancer prevention. Data from the National Youth Risk Behavior Surveillance System showed that smoking increased significantly among high school students, from 27.5% in 1991 to 36.5% in 1997.

Donna Shalala, secretary of health and human services, said: "Unless we invest now in anti-tobacco efforts aimed at our youngest citizens, we will waste the progress achieved so far." □